

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Plans

Memorandum No: 05-120 MAA
Issued: December 28, 2005

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information call:
1-800-562-3022

Subject: Medical Supplies and Equipment (MSE) Program: Fee Schedule Changes

Effective for dates of service on and after January 1, 2006, HRSA will revise the fee schedule for Medical Supplies and Equipment to match HCPCS* Level II codes.

What has changed?

Many HCPCS codes listed in the Fee Schedule have been revised, discontinued, or added. All changes are indicated in the attached page replacements. (Updated codes and descriptions are indicated with dark red text and/or yellow highlighting. When printed, the highlighted areas and dark red text will appear as gray.)

Billing Instructions Replacement Pages

Attached are replacement pages iii – iv, D.1 – D.4 and G.1 – G.28 for HRSA's current *Medical Supplies and Equipment (MSE) Billing Instructions*.

Bill HRSA your usual and customary charges.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

* HCPCS - Healthcare Common Procedure Coding System

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Important Contacts

A provider may use HRSA's toll-free lines for questions regarding its programs; however, HRSA's response is based solely on the information provided to the [HRSA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern HRSA's programs.
[WAC 388-502-0020(2)].

Where do I call for information on becoming a DSHS provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?

Call the toll-free line:
(800) 562-3022

Where do I send my claims?

Division of Program Support
PO Box 9247
Olympia WA 98507-9247

How do I request prior authorization and a limitation extension?

All authorization issues, questions or comments should be addressed to:

Write/Call:
Division of Medical Management
Durable Medical Equipment
PO Box 45506
Olympia, WA 98504-5506
(800) 292-8064
(360) 586-1471 Fax

Where do I address reimbursement issues, questions, or comments?

Rates Analysis Section
Division of Business and Finance
PO Box 45510

Olympia, WA 98504-5510

Fax: (360) 753-9152

Who do I contact if I have questions regarding...

Policy, payments, denials, general questions regarding claims processing, Healthy Options, or to request billing instructions?

Medical Assistance Customer Service Center
(800) 562- 3022

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
(800) 562-6136

Electronic Billing?

Electronic Media Information
(360) 725-1267

Internet Billing?

<http://maa.dshs.wa.gov/ecs>

How do I obtain copies of billing instructions or numbered memoranda?

Go to HRSA's web site at:
<http://maa.dshs.wa.gov>, Provider Publications/Fee Schedules link.

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Coverage/Limitations

What is covered? [Refer to WAC 388-543-1100]

The Health and Recovery Services Administration (HRSA) covers the following subject to the provisions of this billing instruction:

- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Disposable/nonreusable supplies; and
- Compliance packaging.

Note: For a complete listing of covered medical equipment and related supplies, refer to the *Fee Schedule* section.

What are the general conditions of coverage?

HRSA covers the services listed above only when all of the following apply. The services must be:

- Medically necessary (see *Definitions* section). The provider or client must submit to HRSA sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see section E, *Prior Authorization*);

Nondurable Medical Supplies and Equipment

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PAC) within the scope of his or her practice as defined by state law. The prescription must:
 - (a) Be dated and signed by the prescriber;
 - (b) Be less than six months in duration from the date the prescriber signs the prescription; and
 - (c) State the specific item or service requested, diagnosis, estimated length of need (week, months or years), and quantity.

Note: The department prescription requirement does not apply to those clients that are dual eligible (Medicare/Medicaid) and the department is being billed as payer of last resort.

- Billed to the department as the payor of last resort only. For example, HRSA does not pay first and then collect from Medicare second.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

• Disposable/Nonreusable Supplies

Most disposable/nonreusable supplies do not require prior approval; however, they must be medically necessary and the least costly alternative. When providers do not bill the least costly alternative, they must keep medical justification from the prescribing provider in their files to justify the more expensive item.

Note: Billing provisions are limited to a one-month supply only.

- For a complete list of program limitations, refer to the *Fee Schedule*.
- Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. HRSA does not allow barrier cream for incontinence.

• Clients Residing in a Nursing Facility

HRSA reimburses for supplies required for nursing facility resident care through the nursing facility fixed per diem rate except for the following, which are reimbursed separately:

- ✓ Supplies or services replacing all or parts of the function of a permanently impaired or malfunctioning internal body organ:
 - Colostomy (and other ostomy) bags and necessary supplies; and

Nondurable Medical Supplies and Equipment

- Urinary retention catheters, tubes, and bags (does not include irrigation supplies);
- ✓ Supplies for intermittent catheterization programs (the catheter is inserted and removed each time the procedure is done).

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Fee Schedule

Medical Supplies and Equipment (MSE) HCPCS, Modifiers, Descriptions, Rates

HCPCS	Modifier	Description	January 1, 2006 Maximum Allowable
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Note: When using modifier 59, refer to section G for appropriate utilization.

COMPLIANCE PACKAGING

(Billable only by pharmacists for non-institutionalized at-risk clients.)

Billing provision limited to one (1) month's supply.

A9901		Delivery/set-up/dispensing. Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000867 must be used when billing this item.	\$2.50
T1999		Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per year. EPA 870000864 must be used when billing this item.	\$6.00
T1999		Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000865 must be used when billing this item.	\$3.00
T1999		Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. Limit of four devices/containers per client, per year. EPA 870000866 must be used when billing this item.	\$16.91

**Note: Providers may bill reusable compliance devices/containers in any combination, but not to exceed a total of 4 per year.*

EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING

(See Prescription Drug Program billing instructions)


Billing provision limited to one (1) month's supply.

0115T	FP	Patient education, not otherwise classified, non-physician provider, individual, per session.	\$13.50
See Prescription Drug Program billing instructions			

			January 1, 2006
HCPCS	Modifier	Description	Maximum Allowable





SYRINGES AND NEEDLES

Billing provision limited to one (1) month's (30 days) supply.

A4206		Syringe with needle, sterile 1cc, each. Included in nursing facility daily rate.	\$0.24
A4207		Syringe with needle, sterile 2cc, each. Included in nursing facility daily rate.	\$0.24
A4208		Syringe with needle, sterile 3cc, each. Included in nursing facility daily rate.	\$0.24
A4209		Syringe with needle, sterile 5cc or greater, each. Included in nursing facility daily rate.	\$0.24
A4210		Needle free injection device, each. Included in nursing facility daily rate.	\$0.16
A4211		Supplies for self-administered injections.	#
A4215		Needle, sterile, any size, each. Included in nursing facility daily rate. Description updated.	65%
A4322		Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.	\$1.40

BLOOD MONITORING/TESTING SUPPLIES

Billing provision limited to one (1) month's (30 days) supply.

A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each. See A4254.	\$6.58
A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each. See A4254.	\$6.58
A4235		Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each. See A4254.	\$6.58
A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each. See A4254.	\$6.58
A4253		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.) Modifier KX or KS required.	\$34.79

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4254		Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each. One (1) allowed per client every 3 months.	\$6.58
A4255		Platforms for home blood glucose monitor, 50 per box.	#
A4256		Normal, low and high calibrator solution/chips. Included in nursing facility daily rate.	\$11.44
A4258		Spring-powered device for lancet, each. One (1) allowed per client every 6 months. Included in nursing facility daily rate.	\$18.05
A4259		Lancets, per box of 100. Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.) Modifier KX or KS required.	\$12.06

PREGNANCY-RELATED TESTING KITS AND NURSING EQUIPMENT SUPPLIES

Billing provision limited one (1) month's (30 days) supply.

T5999	Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit. Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs). <i>Prior Authorization required.</i>	\$7.34
E1399	Supply, not otherwise specified (Breast pump kit for electric breast pump. Purchase only. <i>EPA 870000764 must be used when billing this item.</i>)	\$37.92

ANTISEPTICS AND GERMICIDES

Billing provision limited one (1) month's (30 days) supply.

A4244	Alcohol or peroxide, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.	\$1.06
A4245	Alcohol wipes, per box (of 200). Included in nursing facility daily rate. Maximum of one (1) box allowed per client every 30 days.	\$2.33
A4246	Betadine or pHisoHex solution, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client every 30 days.	\$2.97
A4247	Betadine or iodine swabs/wipes, per box (of 100). Included in nursing facility daily rate. Maximum of one (1) box allowed per every 30 days.	\$4.72
A4248	Chlorhexidine containing antiseptic 1 ml	#
T5999	Supply, not otherwise specified. (Disinfectant spray, 12 oz. Included in nursing facility daily rate. Maximum of one (1) per client per 6 months. <i>EPA 870000853 must be used when billing this item.</i>	\$5.39

			January 1, 2006
HCPCS	Modifier	Description	Maximum Allowable

BANDAGES, DRESSINGS, AND TAPES

Unless needed for first 6 weeks post-surgery, all bandages dressing/tapes are included in the nursing facility daily rate.

Billing provision limited to 1 (one) month's (30 days) supply.


A4649		Surgical supply; miscellaneous. Prior Authorization required.	65%
A6010		Collagen based wound filler, dry form, per gram of collagen. Prior authorization required.	\$30.96
A6011		Collagen-based wound filler, gel/paste, per gram of collagen. Prior authorization required.	\$2.28
A6021		Collagen dressing, pad size 16 sq. in. or less, each.	\$21.02
A6022		Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	\$21.02
A6023		Collagen dressing, pad size more than 48 sq. in. Prior Authorization required.	\$190.30
A6024		Collagen dressing wound filler, per 6 inches	\$6.19
A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	65%
A6154		Wound pouch, each.	\$14.36
A6196		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.	\$7.35
A6197		Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$16.44
A6198		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in, each dressing.	65%
A6199		Alginate or other fiber gelling dressing, wound filler, per 6 inches.	\$5.29
A6200		Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$9.50
A6201		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$20.80
A6202		Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.	\$34.88
A6203		Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$3.35

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6204		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	\$6.23
A6205		Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.	65%
A6206		Contact layer, 16 sq. in. or less, each dressing.	65%
A6207		Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$7.34
A6208		Contact layer, more than 48 sq. in., each dressing.	65%
A6209		Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$7.48
A6210		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$19.92
A6211		Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$29.37
A6212		Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$9.70
A6213		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	65%
A6214		Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$10.29
A6215		Foam dressing, wound filler, per gram.	\$2.99
A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.05
A6217		Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.17
A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.45
A6219		Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$0.95
A6220		Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$2.58

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6221		Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6222		Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$2.13
A6223		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$2.42
A6224		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing.	\$3.61
A6228		Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	65%
A6229		Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.61
A6230		Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.	65%
A6231		Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing.	\$4.68
A6232		Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$6.88
A6233		Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing.	\$19.19
A6234		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.54
A6235		Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$16.82
A6236		Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing.	\$27.25
A6237		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.91
A6238		Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$22.79

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6239		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6240		Hydrocolloid dressing, wound filler, paste, per fluid oz.	\$12.24
A6241		Hydrocolloid dressing, wound filler, dry form, per gram.	\$2.57
A6242		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.07
A6243		Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$12.31
A6244		Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$39.28
A6245		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.27
A6246		Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$9.92
A6247		Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$23.78
A6248		Hydrogel dressing, wound filler, gel, per fluid oz.	\$16.24
A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size.	#
A6251		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$1.99
A6252		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.25
A6253		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$6.34
A6254		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$1.21
A6255		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$3.03
A6256		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6257		Transparent film, 16 sq. in. or less, each dressing.	\$1.53
A6258		Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$4.30
A6259		Transparent film, more than 48 sq. in., each dressing.	\$10.94
A6260		Wound cleaners, any type, any size (per ounce).	65%
A6261		Wound filler, gel/paste, per fluid ounce, not elsewhere classified. Prior authorization required.	65%
A6262		Wound filler, dry form, per gram, not elsewhere classified. Prior authorization required.	65%
A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	\$1.92
A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.12
A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.43
A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	65%
A6407		Packing strips, non-impregnated, up to two inches in width, per linear yard.	\$1.88
A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	\$0.67
A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	\$0.17
A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.29
A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	\$0.56
A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	\$0.32
A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.41

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	\$0.67
A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	\$1.16
A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.75
A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	65%
A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	65%
A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	\$5.91
A6453		Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard.	\$0.61
A6454		Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard.	\$0.77
A6455		Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard.	\$1.39
A6456		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.28
A6457		Tubular dressing with or without elastic, any width, per linear yard.	65%
A6501		Compression burn garment, bodysuit (head to foot), custom fabricated. Prior Authorization Required.	65%
A6502		Compression burn garment, chin strap, custom fabricated. Prior Authorization Required.	65%
A6503		Compression burn garment, facial hood, custom fabricated. Prior Authorization Required.	65%
A6504		Compression burn garment, glove to wrist, custom fabricated. Prior Authorization Required.	65%



			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6505		Compression burn garment, glove to elbow, custom fabricated. Prior Authorization Required.	65%
A6506		Compression burn garment, glove to axilla, custom fabricated. Prior Authorization Required.	65%
A6507		Compression burn garment, foot to knee length, custom fabricated. Prior Authorization Required.	65%
A6508		Compression burn garment, foot to thigh length, custom fabricated. Prior Authorization Required.	65%
A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated. Prior Authorization Required.	65%
A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated. Prior Authorization Required.	65%
A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated. Prior Authorization Required.	65%
A6512		Compression burn garment, not otherwise classified. Prior Authorization Required.	65%
A6513		Compression burn mask, face and/or neck, plastic or equal, custom fabricated. Prior Authorization Required.	65%
K0620	Updated	Tubular elastic dressing, any width, per linear yard. Deleted effective 1/1/06, see code A6457.	\$1.14
S8431		Compression bandage, roll.	65%
T5999		Supply, not otherwise specified (Dressing other.) Prior Authorization Required.	65%

TAPES

Unless needed for first 6 weeks post-surgery, all bandages dressing/tapes are included in the nursing facility daily rate.




Billing provision limited to one (1) month's (30 days) supply.

A4450	Tape, non-waterproof, per 18 square inches.	\$0.09
A4452	Tape, waterproof, per 18 square inches.	\$0.36
A4462	Abdominal dressing holder, each.	\$3.29
A4465	Nonelastic binder for extremity.	65%

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
OSTOMY SUPPLIES (NOTE: ITEMS IN THIS CATEGORY ARE NOT TAXABLE)			
<i>Billing provision limited to one (1) month's (30 day's) supply.</i>			
A4361		Ostomy faceplate, each. Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.	\$18.37
A4362		Skin barrier, solid, four by four or equivalent, each (for ostomy only).	\$3.46
A4363		Ostomy clamp, any type, replacement only, each.	65%
A4364		Adhesive; liquid, or equal, any type, per oz. (for ostomy or catheter) Maximum of 4 allowed per client per month.	\$2.73
A4365		Adhesive remover wipes, any type, per 50. Maximum of one (1) box allowed per client every 30 days.	\$11.32
A4366		Ostomy vent, any type, each.	\$1.30
A4367		Ostomy belt , each. Maximum of two (2) allowed per client every six months.	\$6.82
A4368		Ostomy filter, any type, each.	\$0.26
A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	\$2.06
A4371		Ostomy skin barrier, powder, per oz.	\$3.60
A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each. Description updated.	\$4.18
A4373		Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	\$6.28
A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.	\$17.18
A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.	\$47.58
A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each. Maximum of 10 allowed per client every 30 days.	\$4.29
(Rev. 12/28/2005) (Eff. 01/01/2006) - G.11 -			Fee Schedule
# Memo 05-120 MAA			Denotes Change

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each. Maximum of 10 allowed per client every 30 days.	\$30.75
A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each. Maximum of 10 allowed per client every 30 days. Not allowed in combination with code A4361, A4381 or A4382.	\$15.02
A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each. Maximum of 10 allowed per client every 30 days. Not allowed in combination with code A4361 or A4383.	\$37.33
A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each. Maximum of 10 allowed per client every 30 days.	\$4.61
A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. Maximum of 10 allowed per client every 30 days.	\$24.62
A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each. Maximum of 10 allowed per client every 30 days.	\$28.19
A4384		Ostomy faceplate equivalent, silicone ring, each.	\$9.62
A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	\$5.10
A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each. Maximum of 30 allowed per client every 30 days.	65%
A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$4.36
A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$6.22
A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$9.61
A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$7.07
A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$8.18

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client every 30 days.	\$9.04
A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	\$2.58
A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	\$0.05
A4396		Ostomy belt with peristomal hernia support.	#
A4397		Irrigation supply; sleeve, each. Maximum of one (1) allowed per client every 30 days.	\$4.79
A4398		Ostomy irrigation supply; bag, each. Maximum of two (2) allowed per client every 6 months.	\$13.81
A4399		Ostomy irrigation supply; cone/catheter, including brush. Maximum of two (2) allowed per client every 6 months.	\$11.55
A4400		Ostomy irrigation set. Maximum of two (2) allowed per client every 6 months.	\$44.30
A4404		Ostomy ring, each. Maximum of 10 allowed per client every 30 days.	\$1.69
A4405		Ostomy skin barrier, non-pectin based, paste, per ounce.	\$3.40
A4406		Ostomy skin barrier, pectin based, paste, per ounce.	\$5.74
A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	\$8.76
A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	\$9.87
A4409	Updated	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each. Description updated.	\$6.22
A4410	Updated	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each. Description updated.	\$9.04
A4411	NEW!	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	65%

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. Maximum of 10 allowed per client every 30 days.	65%
A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. Maximum of 10 allowed per client every 30 days.	\$5.50
A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each. Description updated.	\$4.93
A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each. Description updated.	\$6.00
A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each. Maximum of 30 allowed per client every 30 days. Not allowed in combination with A4368.	\$2.75
A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each. Maximum of 30 allowed per client every 30 days. Not allowed in combination with A4368.	\$3.72
A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each. Maximum of 30 allowed per client every 30 days. Not allowed in combination with A4368.	\$1.81
A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each. Maximum of 30 allowed per client every 30 days. Not allowed in combination with A4368.	\$1.74
A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each. Maximum of 30 allowed per client every 30 days.	65%
A4421		Ostomy supply; miscellaneous. Prior Authorization required.	65%
A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	\$0.12
A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each. Maximum of 30 allowed per client every 30 days. Not allowed in combination with A4368.	\$1.86
A4424		Ostomy pouch, drainable, with barrier attached, with filter (one piece), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$4.75

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4425		Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each. Maximum of 10 allowed per client every 30 days. Not allowed in combination with A4368.	\$3.58
A4426		Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each. Maximum of 10 allowed per client every 30 days.	\$2.73
A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each. Maximum of 10 allowed per client every 30 days. Not allowed in combination with A4368.	\$2.78
A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client every 30 days.	\$6.51
A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client every 30 days.	\$8.25
A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client every 30 days.	\$8.52
A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client every 30 days.	\$6.22
A4432		Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client every 30 days.	\$3.59
A4433		Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each. Maximum of 10 allowed per client every 30 days.	\$3.34
A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client every 30 days.	\$3.76
A4455		Adhesive remover or solvent (for tape, cement, or other adhesive), per oz. Maximum of 3 allowed per client every 30 days.	\$1.43
A5051		Ostomy pouch, closed; with barrier attached (one piece) each. Maximum of 60 allowed per client every 30 days.	\$2.07
A5052		Ostomy pouch, closed; without barrier attached (one piece) each. Maximum of 60 allowed per client every 30 days.	\$1.49

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A5053		Ostomy pouch, closed; for use on faceplate each. Maximum of 60 allowed per client every 30 days.	\$1.74
A5054		Ostomy pouch, closed; for use on barrier with flange (two piece) each. Maximum of 60 allowed per client every 30 days.	\$1.79
A5055		Stoma cap. Maximum of 30 allowed per client every 30 days.	\$1.44
A5061		Ostomy pouch, drainable; with barrier attached (one piece) each. Maximum of 20 allowed per client every 30 days.	\$3.52
A5062		Ostomy pouch, drainable; without barrier attached (one piece) each. Maximum of 20 allowed per client every 30 days.	\$2.09
A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each. Maximum of 20 allowed per client every 30 days.	\$2.70
A5071		Ostomy pouch, urinary, with barrier attached (one piece) each. Maximum of 20 allowed per client every 30 days.	\$6.01
A5072		Ostomy pouch, urinary, without barrier attached (one piece) each. Maximum of 20 allowed per client every 30 days.	\$3.52
A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each. Maximum of 20 allowed per client every 30 days.	\$3.13
A5081		Continent device; plug for continent stoma. Maximum of 30 allowed per client every 30 days.	\$2.81
A5082		Continent device; catheter for continent stoma. Maximum of one (1) allowed per client every 30 days.	\$10.15
A5093		Ostomy accessory, convex insert. Maximum of 10 allowed per client every 30 days.	\$1.95
A5119	Updated	Skin barrier; wipes, box per 50 (for ostomy only). Deleted effective 1/1/06, see code A5120.	\$10.51
A5120	NEW!	Skin barrier, wipes or swabs, each (ostomy only). Code replaced A5119.	\$0.21
A5121		Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).	\$7.46
A5122		Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).	\$12.22

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client every 30 days.	\$1.15
A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	#
UROLOGICAL SUPPLIES			
<i>Billing provision limited to one (1) month's (30 days) supply.</i>			
A4310		Insertion tray without drainage bag and without catheter (accessories only). Maximum of 120 per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354. Prior Authorization required.	\$7.72
A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.	\$14.84
A4312		Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344.	\$17.16
A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346.	\$17.16
A4314		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.	\$25.29
A4315		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.	\$26.39
A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.	\$28.40
A4320		Irrigation tray with bulb or piston syringe, any purpose. Maximum of 30 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.	\$5.33

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4321		Therapeutic agent for urinary catheter irrigation.	#
A4326		Male external catheter specialty type with integral collection chamber, each. Maximum of 60 allowed per client every 30 days. Included in nursing facility daily rate.	\$10.79
A4327		Female external urinary collection device; metal cup, each. Included in nursing facility daily rate.	\$42.27
A4328		Female external urinary collection device; pouch, each. Included in nursing facility daily rate.	\$10.45
A4330		Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.	\$7.15
A4331		Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each. Not to be used with Procedure Code A4358. Included in nursing facility daily rate.	\$3.18
A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.	\$0.12
A4333		Urinary catheter anchoring device, adhesive skin attachment, each. Included in nursing facility daily rate.	\$2.20
A4334		Urinary catheter anchoring device, leg strap, each. Included in nursing facility daily rate. Not allowed in combination with code A4358.	\$4.93
A4335		Incontinence supply; miscellaneous. (Diaper Doublers. Each (age 3 and up)). Included in nursing facility daily rate. See expedited prior authorization criteria.	\$0.34
A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate.	\$12.26
A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate.	\$31.75
A4344		Indwelling catheter, Foley type, two-way, all silicone, each. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate.	\$16.02

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each. Maximum of 3 allowed per client every 30 days. Included in nursing facility daily rate.	\$16.65
A4348		Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month). Maximum of 2 allowed per client every 30 days. Included in nursing facility daily rate.	\$27.83
A4349		Male external catheter, with or without adhesive, disposable, each. Maximum allowable of 60 per client every 30 days. Included in nursing facility daily rate.	\$2.02
A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 120 allowed per client every 30 days. Not allowed in combination with A4352.	\$1.81
A4352		Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each. Maximum of 120 allowed per client every 30 days. Not allowed in combination with A4351.	\$6.42
A4353		Intermittent urinary catheter, with insertion supplies. Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351-A4352. Prior Authorization required.	\$7.00
A4354		Insertion tray with drainage bag but without catheter. Maximum of 3 allowed per client every 30 days. Not allowed in combination with A4310, A4357, or K0280-K0281. Prior Authorization required.	\$10.03
A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. Maximum of 30 allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.	\$8.91
A4356		External urethral clamp or compression device (not to be used for catheter clamp), each. Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.	\$38.79
A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. Maximum of two (2) allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4314-A4316 or A4354.	\$9.70

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. Maximum of two (2) allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$6.45
A4359		Urinary suspensory without leg bag, each. Maximum of two (2) allowed per client every 30 days. Included in nursing facility daily rate.	\$30.07
A4402		Lubricant, per oz. Included in nursing facility daily rate. (For insertion of urinary catheters.)	\$1.60
A4520		Incontinence garment, any type, (e.g. brief, diaper), each. Prior Authorization Required. Included in nursing facility daily rate.	B.R.
A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each. Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.	\$22.58
A5105		Urinary suspensory; with leg bag, with or without tube. Maximum of two (2) allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.	\$40.76
A5112		Urinary leg bag; latex. Maximum of one (1) allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$34.62
A5113	RP	Leg strap; latex, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$4.70
A5114	RP	Leg strap; foam or fabric, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$8.94
T4521		Adult sized disposable incontinence product, brief/diaper, small, each (age 19 and up). Maximum of 240 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.47
T4522		Adult sized disposable incontinence product, brief/diaper, medium, each (age 19 and up). Maximum of 240 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.63




			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
T4523		Adult sized disposable incontinence product, brief/diaper, large, each (age 19 and up). Maximum of 240 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.76
T4524		Adult sized disposable incontinence product, brief/diaper, extra large, each (age 19 and up). Maximum of 240 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.88
T4525		Adult sized disposable incontinence product, protective underwear/pull-on, small size, each (age 6 and up). Maximum of 150 pieces allowed per adult every 30 days. Maximum of 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.75
T4526		Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each (age 6 and up). Maximum of 150 pieces allowed per adult every 30 days. Maximum of 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.76
T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each (age 6 and up). Maximum of 150 pieces allowed per adult every 30 days. Maximum of 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.89
T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each (age 6 and up). Maximum of 150 pieces allowed per adult every 30 days. Maximum of 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.90

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
T4529		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (3-18 years of age) . Maximum of 300 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.47
T4530		Pediatric sized disposable incontinence product, brief/diaper, large size, each (3-18 years of age) . Maximum of 300 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.49
T4531		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each (3-18 years of age) . Maximum of 300 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.47
T4532		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each (3-18 years of age) . Maximum of 300 diapers purchased per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.59
T4533		Youth sized disposable incontinence product, brief/diaper, each (3 - 18 years of age) . Maximum of 300 allowed per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.50
T4534		Youth sized disposable incontinence product, protective underwear/pull-on, each (6 - 18 years of age) . Maximum of 300 allowed per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.80

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
T4535		Disposable liner/shield/guard/pad/undergarment, for incontinence, each (age 3 and up). Maximum of 240 pieces allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.36
T4536	NU	Incontinence product, protective underwear/pull-on, reusable, any size, each. Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate. Modifier NU required.	\$6.66
T4536	RR	Incontinence product, protective underwear/pull-on, reusable, any size, each. Maximum of 150 pieces allowed per client every 30 days (age 3 and up). Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental, reusable diaper or pant.	\$0.76
T4537	NU	Incontinence product, protective underpad, reusable, bed size, each. Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR).	\$14.07
T4537	RR	Incontinence product, protective underpad, reusable, bed size, each. Limit 90 per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU).	\$0.45
T4538	RR	Diaper service, reusable diaper, each diaper (age 3 and up). Maximum of 240 diapers allowed per client every 30 days. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.75
T4539	NU	Incontinence product, diaper/brief, reusable, any size, each (age 3 and up). Maximum of 36 diapers purchased per client per year. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier NU required.	\$2.73
T4540		Incontinence product, protective underpad, reusable, chair size, each.	#
T4541		Incontinence product, disposable underpad, large, each. <i>For use on the client's bed only. Requires a minimum underpad size of 810 square inches.</i> Maximum of 180 pieces allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). <i>Minimum size requirement effective retroactive to dates of service on and after January 1, 2005.</i>	\$0.36

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
T4542		Incontinence product, disposable underpad, small size, each. Maximum of 180 pieces allowed per client every 30 days. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). Noncovered status effective for dates of service on and after April 1, 2005.	#
BRACES, BELTS, AND SUPPORTIVE DEVICES			
<i>Billing provision limited to one (1) month's (30 days) supply.</i>			
A4490	Updated	Surgical stocking above knee length, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. (Payment is based on each leg. If billing for a pair, enter 2 units <u>for a maximum of 4 units for 2 pair</u>).	\$28.10
A4495	Updated	Surgical stocking thigh length, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units <u>for a maximum of 4 units for 2 pair</u>.	\$28.10
A4500	Updated	Surgical stocking below knee length, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units <u>for a maximum of 4 units for 2 pair</u>.	\$21.22
A4510	Updated	Surgical stocking full length, each. (Pantyhose style) Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on a pair. 1 unit = 1 pair. Client is limited to 2 units, 2 pair, per 6 months. (Payment is based on a pair. When billing, 2 unit equals one pair, for a maximum of 2 units for 2 pair).	\$74.94
A4565	Updated	Slings. Included in nursing facility daily rate. Maximum of two (2) allowed per client per year. Description updated.	65%
A4570	Updated	Splint. Included in nursing facility daily rate. Maximum of one (1) allowed per client per year. Change in description.	65%
A6530	NEW!	Gradient compression stocking, below knee, 18-30 MMHG, Each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%
A6531	NEW!	Gradient compression stocking, below knee, 30-40 MMHG, Each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%
A6532	NEW!	Gradient compression stocking, below knee, 40-50 MMHG, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6533		Gradient compression stocking, thigh length, 18-30 MMHG, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%
A6534		Gradient compression stocking, thigh length, 30-40 MMHG, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%
A6535		Gradient compression stocking, thigh length, 40-50 MMHG, each. Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.	65%
A6536		Gradient compression stocking, full length/chap style, 18-30 MMHG, each. Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6537		Gradient compression stocking, full length/chap style, 30-40 MMHG, each. Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6538		Gradient compression stocking, full length/chap style, 40-50 MMHG, each. Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6539		Gradient compression stocking, waist length (panty hose style), 18-30 MMHG, EACH. Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6540		Gradient compression stocking, waist length, 30-40 MMHG, each. (panty hose style) Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6541		Gradient compression stocking, waist length, 40-50 MMHG, each. (panty hose style) Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.	65%
A6542		Gradient compression stocking, custom made.(includes fitting fee) Included in nursing facility daily rate. Requires prior authorization.	65%
A6543		Gradient compression stocking, lymphedema. Included in nursing facility daily rate. Requires prior authorization.	65%

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A6544		Gradient compression stocking, garter belt. Included in nursing facility daily rate. Requires prior authorization.	65%
A6549		Gradient compression stocking, not otherwise specified. Included in nursing facility daily rate. Requires prior authorization.	65%
E0942		Cervical head harness/halter. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$19.85
E0944		Pelvic belt/harness/boot. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$42.67
E0945		Extremity belt/harness. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.32
L8210		Gradient compression stocking, custom made (includes fitting fee) Deleted effective 1/1/06, see code A6542	65%

DECUBITUS CARE PRODUCTS


Billing provision limited to one (1) month's (30 days) supply.

E0188	Synthetic sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$26.43
E0189	Lambswool sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.17
E0191	Heel or elbow protector, each. Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.	\$8.49

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) SUPPLIES

Billing provision limited to one (1) month's (30 days) supply.

A4556	Electrodes, pair.	\$10.32
A4557	Lead wires, e.g., apnea monitors, tens, pair.	\$17.94
A4558	Conductive paste or gel.	\$5.45
A4595	Electrical stimulator supplies, 2 lead, per month, (TENS, NMES), (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient-owned 4-lead TENS unit.	\$28.81

			January 1, 2006 Maximum Allowable
HCPCS	Modifier	Description	
A4630		Replacement batteries, medically necessary, transcutaneous electrical nerve stimulator (TENS) owned by patient. The description changed for this code	\$6.25

MISCELLANEOUS SUPPLIES

Billing provision limited to one (1) month's (30 days) supply.

A4250		Urine test or reagent strips or tablets (100 tablets or strips).	#
A4265		Paraffin, per pound.	#
A4281		Tubing for breast pump, replacement.	#
A4282		Adapter for breast pump, replacement.	#
A4283		Cap for breast pump bottle, replacement.	#
A4284		Breast shield and splash protector for use with breast pump, replacement.	#
A4285		Polycarbonate bottle for use with breast pump, replacement.	#
A4286		Locking ring for breast pump, replacement.	#
A4290		Sacral nerve stimulation test lead, each.	#
A4458		Enema bag with tubing, reusable.	#
A4561		Pessary, rubber, any type.	#
A4562		Pessary, non rubber, any type.	#
A4633		Replacement bulb/lamp for ultraviolet light therapy system, each.	#
A4634		Replacement bulb for therapeutic light box, tabletop model.	#
A4639		Replacement pad for infrared heating pad system, each.	#
A4927		Gloves, non sterile, per box of 100. Included in nursing facility daily rate and in Home Health Care rate. (1 unit = box of 100) Quantities exceeding 9 units every 30 days, require prior authorization.	\$6.55
A4928		Surgical mask, per 20.	#
A4930		Gloves, sterile, per pair. Included in nursing facility daily rate and in Home Health Care rate.	\$0.60

A4931	Oral thermometer, reusable, any type, each.	#
A4932	Rectal thermometer, reusable, any type, each.	#
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.	#
A6410	Eye pad, sterile, each. Maximum of 20 allowed per client every 30 days. Included in nursing facility daily rate.	\$0.39
A6411	Eye pad, non-sterile, each. Maximum of 1 allowed per client every 30 days. Included in nursing facility daily rate.	\$2.35
A6412	Eye patch, occlusive, each.	#
T5999	Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each. Limit two per month). Included in nursing facility daily rate. <i>EPA 870000863 must be used when billing this item.</i>	\$3.85
T5999	Supply, not otherwise specified. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). Maximum of one (1) allowed, per client, per year. Included in nursing facility daily rate. EPA 870000861 must be used when billing this item.	\$8.91
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.(for use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year). Included in nursing facility daily rate.	\$11.98
T5999	Supply, not otherwise specified. Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). Prior Authorization is required.	65%
S8265	Haberman feeder for cleft lip/palate.	65%